

BOROUGH OF WILKINSBURG

PERMIT APPLICATION PACKAGE

PAID by ☐ Credit ☐ Check
Check # _____ Rcvd By _____
Date _____

NO CASH ACCEPTED

CODE ENFORCEMENT DEPARTMENT

605 ROSS AVENUE ROOM 304
WILKINSBURG PENNSYLVANIA 15221
(P) 412-244-2923 (F) 412-244-2922

APPLICATION NUMBER

____/____/____ - ____
Mo Day Yr Seq.

OWNER INFORMATION

Name: _____

Phone# _____

Address: _____

Fax# _____

City: _____ ST. _____ Zip _____

Email _____

APPLICANT INFORMATION ☐ check if same as OWNER

Name: _____

Phone# _____

Address: _____

Fax# _____

City: _____ ST. _____ Zip _____

Email _____

Check if: ☐ THIS IS AN ANNUAL APPLICATION FOR UTILITY COMPANIES AND AUTHORITIES

TYPE OF PERMIT(S) REQUESTED

Check all that apply

- ☐ Zoning ☐ Residential Building ☐ Commercial Building ☐ Electrical ☐ Mechanical ☐ Occupancy
☐ Road Opening ☐ Dumpster ☐ Demolition ☐ Day Care ☐ Grading ☐ Fire Alarm/Sprinkler

TYPE OF WORK OR IMPROVEMENT(S)

Check all that apply

- ☐ New Home ☐ New Building ☐ Addition ☐ Alteration ☐ Pool ☐ Deck ☐ Porch ☐ Shed/Accessory Bldg.
☐ Demolition ☐ Fence ☐ Change of Use ☐ Roof/Re-roof ☐ New Wiring ☐ New Sub Panel ☐ Gas Line
☐ New Service ☐ Site Lighting ☐ Elect Repairs ☐ Sign Lighting ☐ Sign ☐ Home Occupation ☐ Furnace/Boiler
☐ Hood System ☐ Pre-Occupancy Inspection ☐ HVAC ☐ Waterline ☐ Gas Line ☐ Sewer Line
☐ Plumbing- ACHD Permit Required ☐ Commercial-Tenant Space Build-Out ☐ Other: _____

Description of Work: _____

Construction Cost \$ _____

LOCATION INFORMATION

Business Name _____ (if applicable)
Site Address _____ Lot & Block # _____
Cross Streets _____ and _____
Zoning District _____ Lot size (sq.ft.) _____ Conforming ☐ Yes ☐ No
PA One Call Serial # _____

CONTRACTOR INFORMATION ☐ Check if same as: ☐ OWNER ☐ APPLICANT

Business Name: _____ State Cont. Reg. # _____
Name: _____ Phone# _____
Address: _____ Fax# _____
City _____ ST _____ Zip _____ Email _____

BUILDING INFORMATION

Building Code Use Group: _____ Specific Use: _____
Change in Use: ☐ YES ☐ NO - If yes, what was former use? _____
Existing Building (sq. ft.): _____ Proposed Bldg. Area (sq. ft.): _____
Total Bldg. Area (sq. ft.): _____ Number of Stories: _____
Height of structure above grade (ft): _____ Set back from street right-of-way (ft): _____
Distance from structure to rear property line (ft): _____ Side yards structure to line (ft): Left _____ Right _____
Max. Occupant Load (Com. App. Only) _____ Max. Live Load (Com. App. Only) _____
Is building equipped with automatic sprinkler sys? ☐ YES ☐ NO
Is building equipped with automatic fire alarm sys? ☐ YES ☐ NO
Is building sub-divided into tenant/dwelling spaces? ☐ YES If so, how many _____ ☐ NO

Property is: ☐ Owner Occupied ☐ Owner Occupied with Rental Units ☐ Rental Only

**NOTE: Properties with more than TWO (2) dwelling units and which are not a Townhouse require a
COMMERCIAL APPLICATION**

ELECTRICAL INFORMATION☐ Check if **NOT** Applicable☐ New Service ☐ New Sub Panel ☐ New Wiring ☐ Site Lighting ☐ Sign Lighting☐ Electrical systems:Number of services _____ Size of service _____ Feeder size _____ Number of LF of underground
conductors or feeders _____ Number of receptacles and lighting outlets _____ Number of Sub-panels _____

Number of transformers _____ Number of motors _____ Number of single dwelling units _____

☐ Electrical system is located in a hazardous location ☐ Explosion-proof devices required☐ Low voltage wiring/systems being installed ☐ Includes smoke/CO detectors☐ Which side of structure & distance to property lines: (outdoor equipment only)

Front _____ Rear _____ Right side _____ Left side _____

ELECTRICAL CONTRACTOR INFORMATION☐ Check if **NOT** Applicable

Business Name: _____

State Cont. Reg. # _____

Name: _____

Phone# _____

Address: _____

Fax# _____

City _____ ST _____ Zip _____

Email _____

☐ Description of work: _____

Estimated Construction Cost \$ _____

MECHANICAL INFORMATION☐ Check if *NOT* Applicable

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> New Furnace/Boiler | <input type="checkbox"/> Flue Repair/Replace | <input type="checkbox"/> Air Handler | <input type="checkbox"/> Chiller |
| <input type="checkbox"/> Duct Layout | <input type="checkbox"/> Energy Recovery Unit | <input type="checkbox"/> Commercial Kitchen | <input type="checkbox"/> Repairs |
| <input type="checkbox"/> Hood System | <input type="checkbox"/> Extension of system | <input type="checkbox"/> Alteration | <input type="checkbox"/> Replacement |

☐ Mechanical Systems:

Central Furnace _____ Boiler _____ Air Conditioner _____ Exhaust Vents _____ Roof Top Units _____

VAV's _____ Chiller _____ Refrigerant Piping LF _____ Gas Piping _____ Air Handler _____

Number of single dwelling units _____

☐ Exhaust system is part of a hazardous system ☐ Requires fire dampers ☐ Requires economizer☐ Duct smoke detectors ☐ Commercial kitchen hood system☐ Which side of structure & distance to property lines: (outdoor equipment only)

Front _____ Rear _____ Right side _____ Left side _____

MECHANICAL CONTRACTOR INFORMATION☐ Check if *NOT* Applicable

Business Name: _____

State Cont. Reg. # _____

Name: _____

Phone# _____

Address: _____

Fax# _____

City _____ ST _____ Zip _____

Email _____

☐ Description of work: _____

Estimated Construction Cost \$ _____

PLUMBING INFORMATION**ACHD Inspecting Authority**☐ Check if *NOT* Applicable

Number of kitchens _____ Number of full baths _____ Number of half baths _____

Pool/Spa _____ Laundry facility _____

PLUMBING CONTRACTOR INFORMATION☐ Check if *NOT* Applicable

Business Name: _____

State Cont. Reg. # _____

Name: _____

Phone# _____

Address: _____

Fax# _____

City _____ ST _____ Zip _____

Email _____

ACHD Permit#: _____

A copy of the Allegheny County Health Department Plumbing Permit shall accompany this application and the above information shall be supplied.

☐ Description of work: _____

Estimated Construction Cost \$ _____

GRADING INFORMATION☐ Check if *NOT* Applicable

Request for permit to grade: _____

For the purpose of: _____

Quantity of Grading (Cubic Yards) _____

Source of fill material: _____

Destination of excess waste material: _____

Allegheny County Conservation District approval is required; attach approval letter.**Attach Soil Erosion/Sedimentation Control Plan and Stormwater Management Plan**

Applicant: _____

Address: _____

Telephone: (____) _____

Email: _____

Authorized Signature: _____

Submission Date: _____

☐ Description of work: _____

All work must be performed in accordance with the Borough of Wilkinsburg Grading Ordinance.**Must comply with Conservation, E&S, and Storm Water Regulations****Estimated Construction Cost \$** _____

FIRE ALARM/SPRINKLER ☐ Check if *NOT* Applicable

Type of Application (check all that apply):

- ☐ New construction ☐ Replacement of heads ☐ Fire pump ☐ System extension/alteration
☐ Repairs ☐ Relocation of heads ☐ ANSUL Sys. ☐ New devices

Type of Work to Be Done:

- ☐ Standpipe ☐ NFPA13 ☐ NFPA13F ☐ ANSUL ☐ FOAM ☐ CO2 ☐ HALON
☐ Clean Agent ☐ WET ☐ Dry ☐ Other _____

Documentation Required:

- ☐ Fire protection shop drawings stamped by an engineer indicating all devices and locations and equipment.
☐ Equipment Cut Sheets
☐ Battery Calculations and voltage drops
☐ Hydraulic Calculations

Construction Details :

Number of single dwellings units _____ Number of heads _____ Number of devices _____

- ☐ Requires a fire pump ☐ Dry system required ☐ Commercial cooking hood ☐ Alternate system required

☐ Description of work: _____

Estimated Construction Cost \$ _____



REScheck-Web™

REScheck-Web simplifies residential energy code compliance by automating the trade-off calculations for the International Energy Conservation Code (IECC) and a number of state-specific codes.

It performs just like [REScheck](#), the desktop version, but you don't need to download or install any software on your computer.

<https://energycode.pnl.gov/REScheckWeb/>



COMcheck-Web™

COMcheck-Web simplifies commercial and high-rise residential energy code compliance.

It performs just like [COMcheck](#), the desktop version, but you don't need to download or install any software on your computer.



COMcheck-Web has been updated!

[Learn what's new.](#) (October 2011)

<http://www.energycodes.gov/comcheck/>

Reference the above web sites for the required discipline for your project for the energy compliance requirements.

SIGN PERMIT☐ Check if **NOT** Applicable**DIMENSIONS OF WALL SIGN**

Height of Sign _____ Width of sign _____ Area of sign _____ (sq.ft.)

Clearance between sidewalk and bottom of sign _____ Distance of sign from the wall _____

Projecting beyond building line to face of letters _____

FREE STANDING SIGN

Height of Sign _____ Width of sign _____ Area of sign _____

Property frontage: _____ Allowable sign area: _____ (sq.ft.)

Clearance between front edge of sign & curb line: _____ Proposed sign area total: _____ (sq.ft.)

=====

DATE SIGN TO BE ERECTED _____ / _____ /20_____**Said sign to be erected under the provisions of Ordinance #2033 and #2069.**

A person shall not erect, install, remove or replace any sign for which a permit is required under the provisions of this chapter until proof of liability insurance coverage in an amount not less than \$50,000 for injury to one person and \$100,000 for injury to two or more persons caused by or resulting from said sign has been filed. A person shall not maintain any sign for which a permit is required under the provisions of this chapter until there has been filed with coverage naming the Borough of Wilkinsburg as additional insured, in an amount of not less than \$100,000 for injury to two or more persons caused by or resulting from said sign.

Signature: _____ Date: _____

Date Insurance certificate was received: _____ / _____ /20_____

**ALL SIGN APPLICATIONS SHALL BE REVIEWED IN ACCORDANCE
WITH THE ZONING ORDINANCE AND REQUIRE A ZONING PERMIT.**

Estimated Construction Cost \$ _____

DAY CARE OCCUPANCY APPLICATION ☐ Check if **NOT** Applicable

Business Name _____ Phone #: _____

Address (if other than site) _____

Square Feet of Day Care _____ Construction Cost (if applicable) \$ _____

Former Use _____

Application Type

- ☐ Within a single family residence
- ☐ Existing commercial bldg. - change of name only
- ☐ Existing commercial bldg.- change of occupancy
- ☐ Existing commercial bldg. - alterations to bldg.
- ☐ New construction

Use and Occupancy

- ☐ More than 5 children greater than 2 ½ years of age.
- ☐ More than 5, but no more than 100 children, less than 2 ½ years of age, wherein each room in which children are cared for has an exit door directly to the exterior.
- ☐ 12 or less children of any age, when cared for in a portion of a single-family dwelling.
- ☐ More than 5 children less than 2 ½ years of age.

Insurance Information for Daycare Operations

Company Name: _____ Phone#: _____

Address: _____ City: _____ St.: _____

Policy #: _____ Exp.Date _____ Coverage Amount: \$ _____

A copy of all State permits and inspection reports shall accompany this application.

THIS APPLICATION IS SUBJECT TO ALL BOROUGH CODES AND REGULATIONS.

A ZONING REVIEW AND APPROVAL IS REQUIRED.

ROAD OPENING INFORMATION☐ Check if **NOT** Applicable**BOROUGH USE ONLY**

Application # _____ Permit # _____ Date Issued _____ Permit Expiration _____

Permit Fee \$ _____ Borough Road _____ Borough R-O-W _____

Backfill Inspection Date _____ Final Inspection Date _____ Inspected by: _____

Location of Street Opening _____ Date Filed _____

Applicant _____ Continued applicant W.P.J.W.A PNGO DUQ. Light

Contact Person _____ Phone _____ Email _____

Start date _____ Length of Time: _____ days PA One Call Serial# _____

Size of opening _____ FT X _____ FT Description of work to be done _____

Type of Pavement _____ ☐ Check if this is a part of an annual application

The above application is approved subject to the following conditions: Strict adherence to the Borough of Wilkinsburg construction standards, Street Openings Ordinance #226 and Work Zone Traffic Control (Penn DOT Pub.203). One lane traffic to be maintained at all times. Trench area paved portion of the road shall be backfilled with tamped slag. A temporary bituminous surface shall be installed immediately and maintained by Permittee until permanent surface can be made in conformance with S-104-A. Strict adherence to all State and Federal Safety in Construction and Excavation Regulations required. Permittee shall be fully responsible for the project area during the length of the project, including securing of unfinished work, storage of equipment and materials and public safety. Permittee shall notify Borough Code Enforcement Office twenty-four (24) hours prior to commencement of any construction and MUST ALSO ARRANGE FOR A BACKFILL AND FINAL INSPECTION OF THE PROJECT. All work must be completed on or before _____. Full compliance with Borough of Wilkinsburg Ordinance #226 and appropriate fee schedule hereto attached is mandatory. Upon signing the application, the Permittee also agrees that he/she will indemnify and save harmless the Borough of Wilkinsburg from any loss, damage, or expense whatsoever, in that such liability and indemnification of the Borough shall continue for a period of one (1) year after the date from the completion of the permanent resurfacing of such opening.

Applicant's Signature _____ Date _____

Approved _____ Date _____

Calculations:

FEES ARE DETERMINED BY RESOLUTION SET BY BOROUGH COUNCIL

Length _____ FT X Width _____ FT = AREA _____ Divide by 50 SQFT X's \$300.00 = \$ _____

Total Fees \$ _____

All calculations must be completed upon submission of application.**Additional opening(s), if required, shall be reported to the Borough and the permit and fees shall be amended.**

Example: 75' Long X 1.5' Wide = 112.5 FT² / 50 = 2.25 = 3 X \$300.00 = \$900.00
Total \$ 900.00

Workers' Compensation Insurance & Insurance Coverage Information

- I. The applicant for a permit, in compliance with Act 44 of 1993, hereby submits (Check one):

- ☐ Certificate of Insurance (please attach)
☐ Certificate of Self-Insurance (please attach)
☐ Affidavit of Exemption

- II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
Or Self-Insurer _____

Address _____

City: _____ State: _____ Zip Code _____

Policy No: _____ Coverage Period Ends _____

Name of Contractor / Policy Holder _____

Address _____

City _____ State _____ Zip Code _____

Contractor/Policyholder's federal or state employer identification number (EIN)

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law.

- III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:
Basis for exemption (check one):

- ☐ Applicant is an individual who owns the property
☐ Contractor / Applicant is a sole proprietorship without employees
☐ Contractor / Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain:

- ☐ The entire contractor / applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain:

☐ Other: Please explain:

Name of Applicant: _____

Address: _____

City: _____ ST _____ Zip _____

Phone #: _____ Email _____

Applicant's Federal or State employer Identification Number (EIN) _____

Any subcontractors used on this project will be required to carry their own workers' compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn before me
this _____ day of _____ 20 _____

Signature

Signature of Notary Public

Name (Printed)

Commission Expires _____

Title

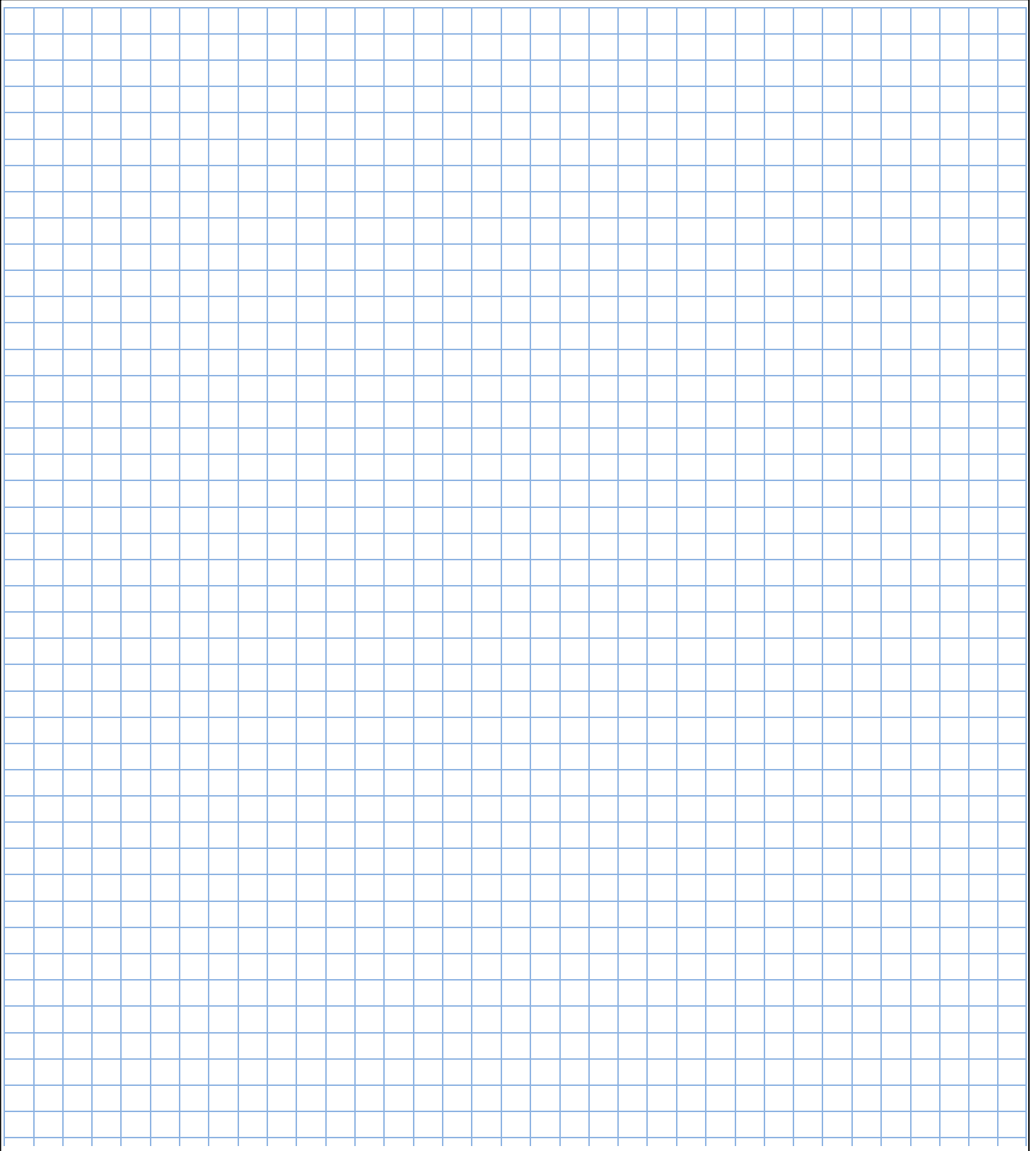
Name of Company

(Seal)

Note: Applicant's copy to be attached to permit and posted. Municipality copy to be filed with its permit copy.

DRAW PLOT PLAN HERE OR ATTACH DRAWING

Plot plan is a diagram of the lot with the foot prints of all buildings and structures in relation to property lines with measurements. Drawing should include any utility and other infrastructure, to the extent possible, and additional information.



APPLICANT SIGNATURE AND AFFIRMATION

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT THE PROPOSED WORK AS OUTLINED WILL CONFORM TO THE STANDARDS OF THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE (PA ACT 45) AND ALL OTHER APPLICABLE BOROUGH CODES, ORDINANCES AND /OR REGULATIONS.

THE PROPERTY OWNER AND APPLICANT ASSUME THE RESPONSIBILITY OF LOCATING ALL PROPERTY LINES, SET BACK LINES, EASEMENTS, AND RIGHT OF WAY AREAS.

ISSUANCE OF A PERMIT AND APPROVAL OF CONSTRUCTION DOCUMENTS SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL OR SET ASIDE ANY PROVISIONS OF THE CODES OR ORDINANCES OF THE MUNICIPALITY OR ANY OTHER GOVERNING BODY.

THE APPLICANT CERTIFIES HE/SHE UNDERSTANDS ALL THE APPLICABLE CODES AND REGULATIONS.

FURTHERMORE, I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT.

Applicant Name (print) _____

Applicant Signature _____

Date ____/____/____

OFFICIAL USE ONLY

Permit Numbers associated with this application: General Application Number _____

Zoning _____ Building _____ Electrical _____

Plumbing _____ Mechanical _____ Occupancy _____

Road Opening _____ Dumpster _____ Grading _____

Day Care _____ Fire Alarm/Spklr _____ Sign _____

APPROVAL OF APPLICATION AND ASSIGNED PERMITS AS ISSUED ABOVE.

Borough of Wilkinsburg Official

Date

PERMIT APPLICATION CHECK LIST

APPLICANT: PLEASE FURNISH THE FOLLOWING INFORMATION AND/OR DOCUMENTS WHERE APPLICABLE.

Notice: 1. Review Time - Fifteen (15) Business days for Residential
-Thirty (30) Business Days for Commercial

2. Permit becomes invalid if construction has not begun within 180 days of permit issuance or construction is suspended or abandoned for 180 days after work has commenced.

- ☐ 1. Is the application filled out completely and signed? (Applications that are not filled out **completely** will be rejected and returned)
- ☐ 2. Is there a plot plan that shows all setback dimensions, lot lines, existing structures, and the legal right-of-way? (Plot plan can be sketch form showing dimensions or can be to scale.)
- ☐ 3. Are there three (3) sets of working plans or blue prints?
- ☐ 4. If this is a new structure, do you have a highway occupancy permit?
- ☐ 5. If plumbing is involved, did you get a plumbing permit from Allegheny County?
- ☐ 6. All commercial applications require stamped drawings from a PA licensed design professional.
- ☐ 7. A copy of the RES check or COM check for energy compliance.
- ☐ 8. PA One Call serial number for any excavation involving power equipment for the excavation.
- ☐ 9. Applications that are accepted without all required documents will suspend the timing of the review.
- ☐ 10. If additional information is not submitted in a timely fashion, the application may be rejected.
- ☐ 11. All permit placards must be displayed in a manner as to be viewed from the street.
- ☐ 12. If a restaurant or food service, a copy of the Allegheny County Health Department Food Services permit shall accompany this application.